OCCUPATION RECORD PERMANENT classified. pe UNFADING certificate. ō back 6 instructions = of Inford **P** Important. Every It

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STATE OF MARYLAND 1 PLACE OF DEATH CERTIFICATE OF DEATH County ... Registration Dist, No Ilf death occurred inWard) a hospital or Institution, give Its NAME Instead of street and number.] MEDICAL CERTIFICATE OF PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH 5 SINGLE, 4 COLOR OR RAGE MARRIED. WIDOWED. WILL ORDIVORGED (Write the word) (lonth) (Dav (Year) I HEREBY CERTIFY, That I attended deceased from DATE OF BIRTH (Month) (Day (Year) 7 AGE If LESS than and that death occurred on the date stated above, at 1 dayhrs. OR 7 BOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer) 9 BIRTHPLACE (State or country) Contributory Secondary (Duration) 10 NAME OF FATHER ARENTS 11 BIRTHPLACE OF FATHER *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidental, SUICIDAL, or HOMICIDAL. (State or country) 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE OF MOTHER (State or country) At place In the ot death _____ yrs. ____ mos. ___ ds. State yrs. ____ mos. ___ Where was disease contracted. 14 THE ABOVE IS TRUE If not at place of death?usual residence 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 15 20 UNDERTAKER ADDRESS REGISTRAR If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers minc, etc. "Manager," "Dealer," etc., without more precise speciwho have no occupation whatever, write None. been changed or given up on account of the disease who receive a definite salary), may be entered as fication as Day laborer, Farm laborer, Laborer-Coal statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. additional live is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," As examples: The (b)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meniugitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

cause of death approved by Committee on Nomenclasepsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septichaecause. etc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inauition," "Marasgeuital," "Senile," etc.), "Dropsy," "Exhaustiou," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asvalvular heart disease; Chronic interstitial nephritis, naut neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) "Contributory." dent; Revolver wound of head-homicide; Poisoned which surgical operation was undertaken. Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) "Old Age," "Shock," "Uraemia," "Weakuess," Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; (Recommendations on statement of State cause for For VIO-





Cor	unty Seut	CERTIFICATE OF DEATH
	6 1	Registration Dist, No. 20
Vill	age or City Cock . Hall (No,	St.; Ward) [If death occurred a hospital or institution give its NAME instead
	FULL NAME Within John	Audrewol. of street and number.
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SE	Male 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, ORDIVORCED (Write the word)	16 DATE OF DEATH ()Inorth) (Day (Year) 17 HEREBY GERTIFY, That I attended deceased from
BDA	ate of BIRTH aug 31 , 153	that I last saw h allve on 191
7 A C	(Mofith) (Day (Year)	and that death occurred on the date stated above, at
	60 yrs 7 mos 21 ds OR min.?	The CAUSE OF DEATH* was as follows:
(a)	Trade, profession, or ticular kind of work.	Accedital Drivned
busi	General nature of industry, ness, or establishment in ch employed (or employer)	(Duration)yrsmos
9 B1	RTHPLACE (State or country) Paroline	Gontributory Secondary (Duration) yes mos
	10 NAME OF FATHER Williamon	(Signed) Linux Co Smith
ENTS	11 BIRTHPLACE OF FATHER (State or country)	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLE
PARE	12 MAIDEN NAME OF MOTHER	CAUSES, state (1) MEANS OF INJURY; and (2) whether Accided TAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIEN
	13 BIRTHPLACE OF MOTHER (State or country)	OR RECENT RESIDENTS) At place In the of death yrs mos ds. State yrs mos
	HE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, If not at place of death?
((Informant) Roest Hall	USUAL TESIGENCE
15	(Address)	wesley Chap of Camelon Of ril 24, 191.
FIIe	ed 4/24, 1914 1, 13. Surding.	20 UNDERTAKER (ADDRESS
	7 PECIOTRAD	I WIT IN C. A.R. I P. A. A. I OTT

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

STATE OF MARYLAND

4032

1 PLACE OF DEATH

[Approved by U. S. Census and American Public Health Association.]

CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is necapplies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. been changed or given up on account of the disease Scrvant, Cook, Housemaid, ctc. If the occupation has Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer. first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Spinner, thus: If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubereulesis of lungs, meninges, peritonaeum, etc., Carcin-

mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," thenia," "Anaemia" (merely symptomatic), "Atrophy," valvular heart discase; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of..... ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For vio-"Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As affection need not be stated unless important. by carbolic acid-probably suicide. The nature of the Bronchopneumonia (secondary), 10 ds. is less definite; avoid use of "Tumor" for manig-The contributory Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; "Senile," etc.), (Recommendations on statement of (secondary or intercurrent) "Dropsy," "Exhaustion," (name origin; "Can-Never report



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V. S. No. 1.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very Important. See instructions on back of certificate. PERMANENT RECORD WRITE PLAINLY, WITH UNFADING INK-THIS IS

PLACE OF DEATH 4033	STATE OF MARYLAND CERTIFICATE OF DEATH
County County	Registration Dist, No. 200
Village or City marsey (No	St.; Ward) [it death occurred in a hospital or institution, give its NAME instead ot street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDIGAL CERTIFICATE OF DEATH
Jenuale 4 COLOR OR RACE MARRIED, Widowed ORDIVOREZD ORDIVOREZD (Write the word)	16 DATE OF DEATH (Month) (Day (Year)
STOATE OF BIRTH Oet. , 1837. (Month) (Day (Year)	17 I HEREBY CERTIFY, That I attended deceased from Filly 22 1914, to march 16 th, 1914, that I last saw her alive on march 16 1914
7 AGE 76 yrs 6 mos ds OR min.?	and that death occurred on the date stated above, at 8,30 f. m. The CAUSE OF DEATH* was as follows: Chionic Bronchilis
particular kind of work (b) General nature of industry, business, or establishment in which employed (or employer) BIRTHPLACE (State or country) The Caud	(Duration) 7 yrs mos ds. Contributory Murrestia, Anemia Secondary
10 NAME OF Pariel Moullen	(Signed) (Duration) 3 yrs mos ds. (Signed) (Address) M. D.
11 BIRTHPLACE OF FATHER (State or country) Include 12 MAIDEN NAME OF MOTHER OF MOTHER 13 Harr	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS.
13 BIRTHPLACE OF MOTHER (State or country) Ireland	OR RECENT RESIDENTS) At place In the ot death yrs, mos, ds Where was disease contracted,
(Intermant) Ohn Burns	It not at place of death? Former or usual residence.
(Address) Missey, Mod 16 Filed 4 - 1914 191 Juliani Ones REGISTRAR	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 4

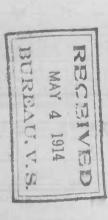
If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health
Association.]

should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not dutics of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as who receive a definite salary), may be entered as material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer. first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Women at home, who are engaged in the Never Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, return "Laborer," As examples: "Foreman," (0)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia." unqualified, is indefinite): Tubereucesis of lungs, meninges, peritonacum, etc., Carcin-

cause of death approved by Committee on Nomenclainjury, as fracture of skull, and consequences (e.g., Accidental drowning; Struck by railway train-acci-LENT DEATHS State MEANS OF INJURY and qualify as mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inauition," "Marasgenital," "Senile," etc.), "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Auaemia" (merely, symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronie oma, Sarcoma, etc., of..... (name origin; "Canture of the American Medical Association.) "Contributory." by carbolic acid-probably suicidc. dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably which surgical operation was undertaken. Bronchopneumonia is less defiuite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) tctanus) Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; may be stated under the head of (Recommendations on statement of (secondary), 10 ds. "Dropsy," The nature of the "Exhaustion," Never report For vio-



N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. RECORD WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT BINDING FOR RESERVED MARGIN

PLACE OF DEATH 4034	STATE OF MAI	
County Cent.	CERTIFICATE O	-
new You M. L	Registration Dis	st. No. 2 00
	St.;Ward	a noshirai or ingitinion
FULL NAME Reeman Cos	Jan	give its NAME Instead of sfreet and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF	DEATH
Male Black (Write the word)	16 DATE OF DEATH (Month)	9, 1914 (Day) (Year)
6 DATE OF BIRTH CIMPANNIN 1	Dies without to me	attended deceased from
(Month) (Day) (Year) 7 AGE If LESS than	and that death occurred on the date stated	above at 12 0 m
alust 55 yrs. mos. ds. OR min.?	The CAUSE OF DEATH* was as follows:	
(a) Trade, profession, or Jarm Laborer.	acute Cardine La	lelalina
(b) General nature of industry, business, or establishment in which employed (or employer)	(Duration)	yrs. mos, 2 2000
9 BIRTHPLACE (State or country) Maryland	(Secondary)	***************************************
10 NAME OF FATHER Louis Cooper.	(Signed) General Control (Signed)	yrs mos ds.
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER	*State the DISEASE CAUSING DEATH, or, is	n deaths from VIOLENT
Y OF MOTHER Cuhuam	CAUSES, State (1) MEANS OF INJUEY; and TAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, 1)	
13 BIRTHPLACE OF MOTHER (State or country) Cuchum.	At place in the of death yrs mos ds. State	yrs, mcs, ds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease confracted, If not at place of death?	***************************************
(Informant)	Former or usual residence.	
(Address) Millibergen Ma	- True (/ / / / / / / / / / / / / / / / / /	DATE OF BURIAL
Filed 14 , 191 REGISTRAR	LOWIS Smith	Address Millington
If more blanks are needed, address State Registra	r, E. Franklin St., Balto., Requesting V. S. N	o. 1. And

[Approved by U. S. Census and American Public Health Association.]

duties of the household only (not paid Housekeepers it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative Realthfulcated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, (b) essary to know (a) the kind of work and also (b) Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the who have no occupation whatever, write None. Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tubercutosis of lungs, meninges, peritonaeum, etc.. Carcin-

childbirth or miscarriage, as "Purrerral scptichacetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), "Dropsy," "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As ample: Measles (disease causing death), 29 valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic oma. Sarcoma. etc., of ... ture of the American Medical Association.) cause of death approved by Committee on Nomenclainjury, as fracture of skuil, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Polsoned such, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. State cause for Hart failure," "Haemorrhage," "Inanition," "Maras-Bronchopneumonia (secondary), 10 ds. affection need not be stated unless important. er" is less definite; avoid use of "Tumor" for mails "Contributory." Accidental drowning; Struck by railway train—accl-The contributory (secondary or intercurrent tetanus) may be stated under the head of Always qualify all diseases resulting from (Recommendations on statement of _ (name origin; "Can "Exhaustion," Never report Examples: For vio-



Y. S. No. 1.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

C	PLACE OF DEATH 4035	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist, No. 205
V	"illage or City Brown (No. (No.)	St.; Ward) [If death occurred lo a hospital or institution, give its NAME lostead of street and oumber.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SI	all Color or race Single, Suigle Widowed, Ordivorced (Write the word) ATE OF BIRTH Sout Know 1978	18 DATE OF DEATH (Month) (Day) (Year) 17 HEREBY CERTIFY, That I attended deceased from 1914, to 21114.
	(Month) (Day) (Year) GE Sout Know If Less than 1 day,hrs. ORmin.?	and that death occurred on the date stated above, at 530 gm. The CAUSE OF DEATH* was as follows: Courte January Tuberculor
pa (b) bus whi	Orade, profession, or flow work. General nature of Industry, iness, or establishment in ch employed (or employer) IRTHPLACE tate or country)	(Duration) yrs 3 on 4 mos ds. Contributory (Secondary)
ARENTS	10 NAME OF FATHER AULL DOYAL 11 BIRTHPLACE OF FATHER (State or country) Plub les Mid. 12 MAIDEN NAME OF MOTHER OF MOTHER	(Signed)
۵.	13 BIRTHPLACE OF MOTHER (State or country) (lut les Mul.	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death yrs, mos, ds. Where was disease contracted.
	(Informant) (Address) All Leptonia 73	if not at place of death? Former or USUAI residence. PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
16 File	ed apr36, 191 4 W & Lonnerd REGISTRAR	29 UNDERTAKER Sodd. Scherkertown
	If more blanks are needed, address State Registra	r, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). ness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not pald Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industy; and therefore an cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., applies to each and every person, irrespective of age. tion is very important, so that the relative lealthfulwho have no occupation whatever, write None. been changed or given up on account of the disease Scrvant, Cook, Housemaid, etc. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as minc, etc. statement. (a) Spinner, essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many For many occupations a single word or term on the ness of various pursuits can be known. The question Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never (b) Cotton mill; (a) Salcsman, return "Laborer," If the occupation has Farmer or Planter, "Foreman,"

Statement of cause of death—Name, first, the DIBEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphiheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

cause of death approved by Committee on Nomencla scpsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Potsoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPEBAL peritonitis," etc. childbirth or miscarriage, as "PUTERPERAL septichacetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemla," "Weakness," -Heart failure," "Haemorrhage," "Inanition," "Maras genital," "Senile," etc.), "Dropsy," "Exhaustion." "Collapse." "Coma," "Convuisions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "An ample: Measles (disease causing death), 29 ds.: affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant ncoplasms); Measles; Whooping cough; Chronic ter" is less definite; avoid use of "Tumor" for mally oma. Surcoma. etc., of ture of the American Medical Association.) "Contributory." Bronchopneumonia (secondary), 10 ds. Never report The contributory (secondary or Intercurrent) Always qualify all diseases resulting from (Recommendations on statement of (name origin; "Can State cause for Examples: For vio-



YSICIANS should OCCUPATION IS PHYSICIANS RECORD ²FULL NAME ō statement PERSONAL AND STATISTICAL PARTICULARS PERMANENT EXACTLY. 5 SINGLE, 3 SEX 4 COLOR OR RACE MARRIED, widowed, or ordiversed (Write the word) BINDING 6 DATE OF BIRTH classified. 4 (Day) (Year) 7 AGE If LESS than pinous 1 day,....hrs. OR min. ? properly AGE 8 OCCUPATION (a) Trade, protession, or RESERVED particular kind of work. supplied. (b) General nature of industry, pe business, or establishment in UNFADING may which employed (or employer) certificate. 9 BIRTHPLACE (State or country) carefully that it 10 NAME OF FATHER ö MARGIN WITH pe See Instructions on back PARENTS 11 BIRTHPLACE terms, should OFFATHER (State or country) 12 MAIDEN NAME in plain OF MOTHER Information 13 BIRTHPLACE OF MOTHER (State or country) Every Item of Infor Important. 15 No. 1914 m. si. REGISTRAR ż

If more blanks are needed, address State Regis trar, 6 E Franklin St., Balto., Requesting V. S. No. 1.

1 PLACE OF DEATH

state Very

1 1 2	
STATE OF MAI	RYLAND
CERTIFICATE O	
Registration Dis	st No 200
Registration Dis	ot, No,
on Dudley	[If death occurred in a hospital or institution, give its NAME instead of street and number.]
MEDICAL CERTIFICATE OF	DEATH
8 DATE OF DEATH	
(Month)	(Day) (Year)
7 / HEREBY CERTIFY, That I	attended deceased from
July 1913 to Op	2. 17 1914
est I last saw en allye on Opr	
nd that death occurred on the date stated a	above, at / Pm,
he CAUSE OF DEATH * was as follows:	
asthma (Spaz	madec/

(Duration) /6	yrs. f. mos. ds.
100 -+ 0	yrs
(Secondary)	
Dilotohon (Duration)	yrs mos 6 As
signed) Herbert 3a	1-
41/1 d m /	, M. D.
11. 1914 (Address) Mel	engler py
*State the DISEASE CAUSING DEATH, or, It CAUSES, state (1) MEANS OF INJURY; and TAL, SUICIDAL, or HOMICIDAL.	n deaths from Violent (2) whether Acciden-
BLENGTH OF RESIDENCE (FOR HOSPITALS, I	NSTITUTIONS, TRANSIENTS.
t place in the	
/here was disease contracted,	yrs, mos ds
ormer or	· · · · · · · · · · · · · · · · · · ·
sual residence	
PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Millington	4 19 , 1914
OUNDERTAKER	
OHOEMAKER /) / //	APDRESS ,

[Approved by U. S. Census and American Public Health Association.]

Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise speciit should be used only when needed. As examples: ness of various pursuits can be known. The question who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at heginning of illbeen changed or given up on account of the DISEASE should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salesman, additional line is provided for the latter statement; the nature of the husiness or industry; and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., For many occupations a single word or term on the applies to each and every person, irrespective of age. tion is very important, so that the relative leaithful-Statement of occupation-Precise statement of occupa-If retired from husiness, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," Farmer or Planter,

Statement of cause of death—Name, first, the disease causing death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc... Carcinosas of lungs, meninges, peritonaeum, etc...

childbirth or miscarriage, as "Puerperal septichae cause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the ture of the American Medical Association.) dent; Revolver wound of head-homicide; Polsoned such, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. mia," "Puerpenal peritonitis," etc. State cause for mus," "Old Age," "Shock," -Kart failure," "Haemorrhage," "Inanition," "MarasgenItal," "Collapse." "Coma," "Convuisions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As Bronchopneumonia (secondary), 10 ds. Never report ample: Mcasles (disease causing death), 29 ds.: affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neopiasms); Measles; Whooping cough; Chronic ver" is less definite; avoid use of "Tumor" for mails oma. Sarcoma. etc., of ... cause of death approved by Committee on Nomencla "Contributory." injury, as fracture of skull, and consequences (e. g., by earbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-acci-LENT DEATHS State MEANS OF INJURY and qualify as The contributory (secondary or intercurrent tetanus) may be stated under the head of "Senile." etc.), "Dropsy," "Exhaustion," (Recommendations on statement of 'Traemla," "Weakness," . (name origin; "Can-Examples:

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

MAY 4 1914
BUREAU, V.S.

PHYSICIANS should of OCCUPATION IS County A Village or City. RECORD ² FULL NAME PERSONAL AND STATISTICAL PARTICULARS statement PERMANENT EXACTLY. 5 SINGLE, 4 COLOR OR RACE WIDOWED OR DIVORCED (Write the word) DNIONIB Exage 6 DATE OF BIRTH stated classified. (Month) (Year) 4 (Day) 7 AGE If LESS than should 80 1 day hrs. THIS OR min. ? properly BOCCUPATION AGE (a) Trade, protession, or RESERVED INK particular kind of work. (b) General nature of Industry. supplied. pe business, or establishment in UNFADING may which employed (or employer) certificate. 9 BIRTHPLACE (State or country) carefully that It 10 NAME OF 80 of MARGIN WITH pe n terms, on back PARENTS 11 BIRTHPLACE (State or country) pinous AINLY, 12 MAIDEN NAME of information si DEATH in plain OF MOTHER See Instructions 13 BIRTHPLACE OF MOTHER (State or country) WRITE (Intermant) Every Item CAUSE OF Important. (Address) 15 Charles Cernel 20 UNDERTAKER m REGISTRAR

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

PLACE OF DEATH

state

STATE OF MARYLAND CERTIFICATE OF DEATH

> Registration Dist. No. 202Ward)

> > AGORESS

[If death occurred in a hospital or Institutioo. give its NAME instead of street and oumber.]

MEDICAL CERT	FIGATE OF	DEATH	
16 DATE OF DEATH	(Month)	(Day)	, 1914 (Year)
17 HEREBY CERT	/10		sased from
har I last saw h MM allve on	//.	n 1/2	191. 5
nd that death occurred on the chickens of the chickens of DEATH* was as		bove, at d	Am,
Gernacion	e fin	dem	id
(1	3	yrsmo	sds.
Contributory (Secondary)	Peration)	Vrs me	ds.
Signed) Mull (Address)	Opes	lulor	, M. D.
*State the DISEASE CAUSING I CAUSES, state (1) MEANS OF I TAL, SUICIDAL, OF HOMICIDAL.	Omath, or, in	deaths from (2) whether	VIOLENT ACCIDEN-
BLENGTH OF RESIDENCE (FOR OR RECENT RESIDENTS) It place if death yrs mos ds Where was disease contracted, It not at place of death?	In the	STITUTIONS, T	
PLACE OF BURIAL OR REMO	VAL (DATE OF BU	RIAL

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). For persons ness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of ilibeen changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, should be taken to report specifically the occupations gainfully employed, as At school or At home. who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. tion is very important, so that the relative lealthfui-Housewife, Housework, or At Home, and children, not mine, etc. additional line is provided for the latter statement; ness of various pursuits can be known. The question Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death—In the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopncumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc... Carcin-

Accidental drowning; Struck by railway train—accisuch, if impossible to determine definitely. Examples: cbildbirth or miscarriage, as "PUERPERAL septicharetc., when a definite disease can be ascertained as the ture of the American Medical Association.) cause of death approved by Committee on Nomencla injury, as fracture of skull, and consequences (e. g., sepsis, tetanus) may be stated under the head of by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. mus," "Old Age," "Shock," "Uraemia," "Weakness, "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," thenia," "Anaemia" (merely symptomatic), "Atrophy, ver" is less definite; avoid use of "Tumor" for malty nant neoplasms); Measles; Whooping cough; Chronic "Contributory." which surgical operation was undertaken. "Collapse." "Coma," "Convulsions," "Debility" ("Con mere symptoms or Bronchopneumonia (secondary), 10 ds. Never reporample: Meastes (disease causing affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis oma. Surcoma. etc., of .. The contributory (secondary or intercurrent Aiways qualify all diseases resulting from (Recommendations on statement of terminal conditions, such as "As-(name origin; "Can death), 29 ds. State cause for "Exhaustion, FOT VIO-





V. B. No. 1.

state

STATE OF MARYLAND
CERTIFICATE OF DEATH

Registration Dist. No.

St.: Ward)

PERSONAL AND STATISTICAL PARTICULARS

PERSONAL AND STATISTICAL PARTICULARS

SEX

4 COLOR OR RACE

S BINGLE,
MARRICO,
MARRICO,
ORONOVORCE,
ORONOVOR

PERSONAL AND STATISTICAL TANTO	
Mule 4 COLOR OR RACE MARRIEO, MIDOWED, OR OIVORCED (Write the word)	16 DATE OF DEATH Chrief (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended deceased from
6 DATE OF BIRTH	Anie 18, 1914, to april 2 7, 1914
726 2 1870	
(Month) (Day) (Year)	that I last saw han alive on Chuil 7 7 , 1914
	100
744	and that death occurred on the date stated above, atm
44 yrs. 3 mos. 25 ds. ORmin.?	The CAUSE OF DEATH* was as follows:
# yrs. 2 mos. 2 ds. ORmin. ?	
BOCCUPATION O	Hemorrhager Gulmonary
(a) Trade, profession, or	
particular kind of work W A COSTI	Steamstern
(b) General nature of industry, business, or establishment in Q	
which employed (or employer) Lent & Tuhing	(Duration) yrs. mos. 7 ds
9 BIRTHPLACE	Contributory in bulk culture
(State or country)	(Secondary)
pent - ma	(Deration) yrsds
10 NAME OF Robert Harris	(Signed) Salter D. Selly, N. D.
11 BIRTHPLACE Cy	Chuz 30, 1914 (Address) (Noch Hace Suy)
Z (State or country) / Lend- Cod Mul	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-
M 12 MAIDEN NAME /	TAL, SUICIDAL, OF HOMICIDAL.
a Unince conneneros	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS)
13 BIRTHPLACE OF MOTHER (State or country) Kent - Ou Ma	At place In the of death yrs, mos, ds. State yrs, mos, ds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted,
Q2 1 71 . ail	It not at place of death?
(Interment) Robert Harris	Former or usual residence
01 1-1- 4	
(Address) Chester lown Md	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
15	Wesley Chapel Cameter april 34, 1914
11/2 / PV 1.	20 UNDERVAKER ADDRESS
Filed 7/30 1914 . 2. Xumung.	71 1 12 2
REGISTAR	. Tho- H Casen ter Ruch Hull

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. who receive a definite saiary), may be entered as duties of the household only (not paid Housekeepers minc, etc. fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer. applies to each and every person, irrespective of age tion is very important, so that the relative leaithfui-Housewife, Housework, or At Home, and children, not essary to know first line will be sufficient, e. g., For many occupations a single word or term on the ness of various pursuits can be known. The question (a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," (b) Cotton mill; (a) Salesman, (a) the kind of work and also (b) Farmer or Planter, For persons "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease causing death all desired to the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphiheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid disease."); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tubercutosis of lungs, meninges, peritonacum, etc.. Carcin-

cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head of injury, as fracture of skuii, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Potsoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPEBAL peritonitis," etc. childbirth or miscarriage, as "Puerperal septicharetc., when a definite disease can be ascertained as the inus," "Old Age," "Shock," "Uraemia," "Weakness," "Hart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Measles (disease causing death), 29 ds.: affection need not be stated unless important. nant neoplasms); Measles; Whooping cough; Chronic ture of the American Medical Association.) ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. valvular heart disease; Ohronic interstitial nephritis cer" is icss definite; avoid use of "Tumor" for mailg oma. Surcoma. etc., of ... The contributory Always qualify all diseases resulting from (Recommendations on statement of (secondary or intercurrent) (name origin; "Can State cause for "Exhaustion," Never report Examples:



PERMANENT UNFADING INK

certificate.

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back

plain Information s ATH in plain instructions

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P

Every item CAUSE OF Important.

state

10)

OCCUPATION

PHYSICIAN RECORD

STATE OF MARYLAND PLACE OF DEAT CERTIFICATE OF DEATH Registration Dist. No lif death occurred in St.:....Ward) a hospital or lostitution, give its NAME lostead of street and oumber.] MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH 5 SINGLE, Q 3 SEX 4 COLOR OR RACE MARRIED. WIDOWED, MARCO (Month) (Day) (Write the word) I HEREBY CERTIFY, That I attended deceased from 8 DATE OF BIRTH (Year) (Month) 7 AGE If LESS than and that death occurred on the date stated above, at ... 1 day,hrs. The CAUSE OF DEATH * was as follows: 16 BOCCUPATION (a) Trade, protession, or particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer) Contributory. 9 BIRTHPLACE (Secondary) (State or country) 10 NAME OF (Signed) FATHER 11 BIRTHPLACE ENT OF FATHER (State or country) mai *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Acciden-ARI 12 MAIDEN NAME TAL. SUICIDAL. OF HOMICIDAL. OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) 13 BIRTHPLACE At place in the OF MOTHER (State or country of death _____ yrs. ___ mos. ... State yrs. mos. ds. ds. Where was disease contracted. it not at place of death? Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 15 20 UNDERTAKER Filed REGISTRAF If more blanks are needed, address State Eegistrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

applies to each and every person, irrespective of age tion is very important, so that the relative lealthfulcated thus: Farmer (retired 6 yrs.). ness. If retired from business, that fact may be indiwho have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of iiibeen changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite saiary), may be entered as duties of the household only (not paid Housekcepers minc, etc. fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry; and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, ness of various pursuits can be known. The question For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never (b) Cotton mill; (a) Salcsman, return "Laborer," For persons "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease causing described to the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid denumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc... Carcin-

sepsis, tctanus) may be stated under the head of dent; Revolver wound of head-homicide; Polsoned Accidental drowning; Struck by railway train-accisucb, if impossible to determine definitely. mia," "PUEBPEBAL peritonitis," etc. inus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustion, thenia," "Anaemia" (merely symptomatic), "Atrophy," "Coliapse," "Coma," "Convulsions," "Debility" ("Conture of the American Medicai Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g. by carbolic acid-probably suicide. The nature of the ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viochildbirth or miscarriage, as "PUEBPEBAL scptichaeetc., when a definite disease can be ascertained as the "Hart fallure," "Haemorrhage," "Inanition," "Maras mere symptoms or terminal conditions, such as "As Bronchopncumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29 ds. affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant ncopiasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for mailg oma. Surcoma. etc., of The contributory Always qualify all diseases resulting from (Recommendations on statement of (secondary or intercurrent) (name origin; "Can State cause for Examples:



-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. RECORD WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT BINDING RESERVED FOR MARGIN S. No. 1.

N. B.

1 PLACE OF DEATH 4040	STATE OF MARYLAND
The 1 Party of	CERTIFICATE OF DEATH
Gounty LUIT W ///	210
	Registered No.
Village or City Medi Cussing Stra (No	St; Ward) [It death occurred in a hospital or institution, give its NAME instead
* FULL NAME And Caroline &	equata former of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE,	16 DATE OF DEATH
Temal, White (will word)	(Month) (Day) (Year)
6 DATE OF BIRTH	1 HEREBY CERTIFY, That I attended deceased from
Suguet, 1849	1910, to april 2, 1914
(Month) (Day) (Year)	that I last saw her alive on aprice 10 1914
7 AGE If LESS than	and that death occurred on the date stated above, at
1 day,hrs.	The CAUSE OF DEATH* was as follows:
yrs. mos. ds. OR min. ?	
8 OCCUPATION (a) Trade, profession, or	
particular kind of work	Submeuloses Lugs,
(b) General nature of Industry,	
business, or establishment in which employed (or employer)	(Duration) 20. yrs. J. mos. ds.
	Contributory Telebreulosis bornels,
(State or country) Gasterlown Ind	(Secondary) 90uration) 6 yrs mos ds.
10 NAME OF SATHER Share 16 1. 16 1. 16 1.	(Signed) 60vorhaland
O 11 BIRTHPLACE	Opino 12, 1914 (Address) Cotizes bertown Ind
OF FATHER (State or country) WKrow?	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT
12 12 MAIDEN NAME	CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, Or HONICIDAL.
of MOTHER Darah 6. Termush	18 LENGTH OF RESIDENCE (FOR HOSPITALE, INSTITUTIONS, TRANSIENTS,
13 BIRTHPLACE	OR RECENT RESIDENTS) At place In the
OF MOTHER (State or country)	of death yrs ds. State yrs mos ds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where wes disease contracted, It not at place of death?
(Informant) flound form	Former or
(morning)	usual residence
(Address) July two 101	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
15 APR 13 1914 Sulary Open	20 UNDERTAKER ADDRESS
REGISTRAR	Brudly + Sprokes Vindon Intl
At more blanks are needed, address State Registrar, 6	

STATE OF MARYLAND

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). For persons who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as been changed or given up on account of the disease should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples:
(a) Spinner, (b) Cotton mill; (a) Salesman, (b) additional line is provided for the latter statement; material worked on may form part of the second the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indl-Women at home, who are engaged in the Never return "Laborer," "Foreman,"

Statement of cause of death—Name, first, the disease causing death—In already affection with respect to the and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lodar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc... Carcin-

ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid—probably suicide. dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably childbirth or miscarrlage, as "Purperal septichae-LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. State cause for etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemla" (merely symptomatic), "Atrophy," ample: Measles (disease causing affection need not be stated unless important. mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronio cer" is less definite; avoid use of "Tumor" for maligoma. Sarcoma. etc., of The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senlle," etc.), may be stated under the head (Recommendations on statement of "Dropsy," (name origin; "Can-The nature of the death), 29 "Exhaustion," Never report Examples:



N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state GAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD BINDING FOR MARGIN RESERVED

PLACE OF DEATH 4041	STATE OF MARYLAND
County Kent	CERTIFICATE OF DEATH
1.	Registration Dist. No.
Village or City Mellinghow (No	St.;
0 11	give its NAME instead et street and pumber.]
FULL NAME Seorge M. of	mes states and soldier,
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Malo Pule Single, Midned Wilsoner, Wilsoner, Wilsoner, Wilsoner, Wilsoner, Wilsoner, Wilsoner, Write the word)	16 DATE OF DEATH (Month) (Day) (Year) 1 HEREBY CERTIFY, That I attended deceased from
GDATE OF BIRTH March 19, 1864	that I last saw h same alive on Abriel 5 1914.
(Month) (Bay) (Year) 7 AGE If LESS than	9 D
16 1 day,hrs.	and that death occurred on the date stated above, atm, The CAUSE OF DEATH was as follows:
mos. ds. or min.?	Sout Endraditis
(a) Trade, protession, or	
particular kind of work	
business, or establishment in which employed (or employer)	(Duration) yrs. mos. 2 ds.
9 BIRTHPLACE (State or country)	Contributory Chrome Enlishs (Secondary)
(state or country) Many land	(Duration) 2 O yrs mos ds.
10 NAME OF Canus R Cours	(Signed) Musical Brice , M. D.
OF FATHER	4/8/, 1914 (Address) frellers for the
11 BIRTHPLACE OF FATHER (State or country) M 12 MAIDEN NAME OF MOTHER	*State the DISEASE CAUSING DEATH, or, In deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.
of MOTHER by dia Reese	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,
13 BIRTHPLACE OF MOTHER (State or country) My Kerner	OR RECENT RESIDENTS) At place In the of death yrs mcs ds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, It not at place of death?
(Interment) Mr. Jonathan Jones	Former or usual residence.
(Address) Millington Md.	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address)	Millington 4 8 , 1914
FIRM 7 - 1919 Juliany Onius	20 UNDERTAKER ADDRESS
RECISTRAR	your somethillingter
If more blanks are needed, address State Registra	r, &E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). ness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. statement. essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But In many For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return "Laborer," If the occupation has "Foreman,"

Statement of cause of death—Name, first, the disease causing death—Is always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopncumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

thenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse." "Coma," "Convulsions," "Debility" ("Concause of death approved by Committee on Nomenclasepsis, tetanus) may be stated under the head of by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. LENT DEATHS state MEANS OF INJUBY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. childbirth or miscarriage, as "Purrent scotichacetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustion, mere symptoms or terminal conditions, such as "As ample: Meastes (disease causing death), 29 ds.: affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic ver" is less definite; avoid use of "Tumor" for mailg injury, as fracture of skull, and consequences (e. g., ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably "Heart failure," "Haemorrhage," "Inanition," "Marasoma. Surcoma. etc., of ... ture of the American Medical Association.) "Contributory." Bronchopncumonia (secondary), 10 ds. The contributory Always qualify all diseases resulting from (Recommendations on statement of (secondary or intercurrent) (name origin; "Can State cause for Never report Examples:



S. No. 1.

-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. RECORD PERMANENT 4 UNFADING INK-THIS IS WRITE PLAINLY, WITH N. B.

PLACE OF DEATH 4042	STATE OF MARYLAND
County News	CERTIFICATE OF DEATH
	Registration Dist, No. 202
Village or City MINTERTAL (No.	St.; Ward) [If death occurred in a hospital or institution,
1713-19	give its NAME Instead of sfreef and number.]
FULL NAME	A.D. Uju
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, Surgle MARRIED, WIDOWED, ORDIVORCED	(Month) (Day (Year)
Mule NAUTE (Write the word)	17 I HEREBY CERTIFY, That I attended deceased from
March 5" 1850	8 f. m. to 10 0. 40 p.m. apr. 14. 191.4.
(Month) (Day (Year)	that I last saw h cue alive and alive and the first 191 4
7 AGE II LESS than 1 day,hrs.	and that death occurred on the date stated above, at 10-40 fm.
yrs mos 9 ds. OR min.?	The CAUSE OF DEATH* was as follows:
(a) Trade, protession, or Harness maker	by peramua of the Lungs
particular kind of work	11 (0.7:0)
(b) General nature of industry, business, or establishmenf in which employed (or employer)	(Duration) yrs mos 3 ds.
9 BIRTHPLACE (State or country) Kent les. Mid	Contributory Secondary (Duraffon) yrs mos ds
10 NAME OF CHAS. LUSBY	(Signed) Harry L. Dodd, M. D.
11 BIRTHPLACE OF FATHER (State or country) 12 Maiden Name OF MOTHER (3)	*State the DISEASE CAUSING DEATH, or in deaths from Violence
12 MAIDEN NAME OF MOTHER OF MOTHER OF MOTHER	*State the DISEASE CAUSING DEATH, OF, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,
13 BIRTHPLACE OF MOTHER (State or country) (State or country)	Af place of death yrs mos ds, Sfate yrs, mos ds
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, If not at place of death?
(Interment) / Mrt. Lehas, & Bould.	Former or usual residence
(Address). Chestertown	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
16 Philip Mr. 11'	OKESter leunetery potetertain affect f. 1, 1914
Filed 1914 1914 SUCAL REGISTRAR	20 UNDERTAKER! AND ABORESS A
	trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. tion is very important, so that the relative healthfulwho have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations who receive a definite salary), may be entered as "Manager," "Dealer," etc., without more precise speci-Civil engineer, Stationary froman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question (a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Nevcr return "Laborer," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, As examples: "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

injury, as fracture of skull, and consequences (e. g., ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," affection need not be stated unless important. calvular heart disease; Chronic interstitial ncphritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Can-"Contributory." sepsis, tetanus) may be stated under the head of mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaethenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Meastes (disease causing death), 29 ds.; by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably LENT DEATHS State MEANS OF INJURY and qualify us which surgical operation was undertaken. For viocause. etc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inauition," "Marasmere symptoms or terminal conditions, such as "As Bronchopncumonia (secondary), 10 ds. The contributory (secondary or intercurrent) "Old Age," "Shock," "Uraemia," "Weakness," Always qualify all diseases resulting from (Recommendations on statement of Never report



N. B.—Every item of information should be carefully supplied. ACE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

PLACE OF DEATH 4043	STATE OF MARYLAND CERTIFICATE OF DEATH	
County Clerk	205	
near. O 11 1 AV	Registration Dist. No.	
Village or City Laux fords (No. The	Therefore St.; Ward) [If death occurred in a hospital or institution,	
	give its NAME lostead	
FULL NAME Still Dorn	red [ppw of street and number.]	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
Jeuse 4 COLOR OFRACE SINGLE, MARRIEO, WIDDERSON (Write the word)	Month) (Day) (Year) I HEREBY CERTIFY, That I attended deceased from	
6 DATE OF BIRTH	(Oh. a.	
Opril. 2 1914		
(Month) (Day) (Year)	that I fast saw h	
7 AGE If LESS than	and that death occurred on the date stated above, at 10 30 A.m.,	
yrsmosds. ORmin. ?	The CAUSE OF DEATH* was as follows:	
BOCCUPATION		
(a) Trade, profession, or particular kind of work	Jee roman	
(b) Genoral nature of industry,		
business, or establishment in which employed (or employer)	(Ouration) yrsmosds.	
9 BIRTHPLACE (State or country) LENK O.	Gontributory (Secondary) (Ouration) yrs mos ds.	
10 NAME OF Gredrick n. D. Pippin	(Signey), Trulle Tryith , M. D.	
M 11 BIRTHPLACE	1914 (Address) Western	
(State or country) Juseen Chine Co.	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN.	
OF FATHER (State or country) Julean Co. 12 Maiden NAME OF MOTHER Mary A Veneaut	TAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)	
13 BIRTHPLACE OF MOTHER (State or country) Tueen Annue Co.	At place In the of death yrs, mos ds. State yrs, mos ds.	
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, If not at place of death?	
(Informant) Treduck Teppen	Former or usual residence	
Chestistoron	19 PLACE OF BURIAL OR REMOVAL DATE, OF BURIAL	
(Address)	Chesky Country Chest ton apl 311 1914	
2 ha an (11 fa (0) 121 hard	20 UNDERTAKEN A APORESS	
Filed A 30 191 A 1	Chas & Sould Whetherman	
If more bianks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.		

[Approved by U. S. Census and American Public Health Association.]

of persons engaged in domestic service for wages, gainfully employed, as At school or At home. additional line is provided for the latter statement; the nature of the business or industry; and therefore an Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. tion is very important, so that the relative lealthfulwho have no occupation whatever, write None, cated thus: Farmer (retired 6 yrs.). For persons ness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Scrvant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not pald Housekeepers mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. As examples: essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But ln many For many occupations a single word or term on the ness of various pursuits can be known. The question Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return "Laborer," "Foreman," (d)

Statement of cause of death—Name, first, the dibeable causing neath (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid dneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

sepsis, tetanus) may be stated under the head of "Contributory." (Recommendations on statement of ample: Mcastes (disease causing death), 29 da: nant neoplasms); Measles; Whooping cough; Chronic cause of death approved by Committee on Nomenclainjury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICINAL, or HOMICINAL, or as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPEBAL pcritonitis," etc. childbirth or miscarriage, as "PUERPEBAL scptichacctc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemla," "Weakness," genital," "Senile," etc.), "Tropsy," "Exhaustion," "Collapse." "Coma," "Convulsious," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As affection need not be stated unless important. valvular heart disease; Ohronic interstitial nephritis cer" is less definite; avoid use of "Tumor" for mailg oma. Surcoma. etc., of .. "Hart fallure," "Haemorrhage," "Inanition," "Yaras. Bronchopncumonia (secondary), 10 ds. Never report ture of the American Medical Association.) The contributory Always qualify all diseases resulting from (secondary or intercurrent) (name origin; "Can State cause for



T. B. No. 1.

N. B.—Every Item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very PERMANENT RECORD AGE should be stated EXACTLY. 4 WRITE PLAINLY, WITH UNFADING INK-THIS IS Important. See instructions on back of certificate.

PLAGE OF DEATH 4044	STATE OF MARYLAND CERTIFICATE OF DEATH
County Ist County	Registration Dist. No. 20
Village or City MestEntour (No	St.; Ward) [If death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, Widow ORDINORED (Write the word)	18 DATE OF DEATH (Month) (Day) (Year)
(Month) (Day) (Year)	that I last saw h allve on 191
AGE Sout / Cord 1 day, hrs. OR mos. ds. OR min.?	and that death occurred on the date stated above, atm, The CAUSE OF DEATH* was as follows:
a) Trade, profession, or forese work	Apoleon
(b) Generat nature of Industry, business, or establishmeot in which employed (or employer)	(Duration) yrs. mos. 3 ds.
(State or country) Queen a. Lounty Med.	Gentributory (Secondary) (Duration) yrs mos ds.
10 NAME OF Sout / GOW	(Signed) 6 Whaland, M.D.
11 BIRTHPLACE OF FATHER (State or country) 2. a. les Mod.	*State the DISEASE CAUSING DEATH, or, in deaths from Violent Causes, state (1) MEANS OF INJURK; and (2) whether ACCIDEN-
12 MAIDEN NAME Packel Mitchel	TAL, SUICIDAL, OF HOMICIDAL. 16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT-RESIDENTS)
13 BIRTH PLACE OF MOTHER (State or country) 2, a, lon. Md	At place In the of death yrs mos ds. State yrs mos ds. Where was disease contracted.
(Informant) THE BEST OF MY KNOWLEDGE	If not at place of death? Former or usual residence
(Address) Cheshertown, F.M. 3	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
5	healten lest I (h /W

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR

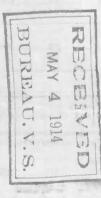
ADDRESS

[Approved by U. S. Census and American Public Health Association.]

cases, especially in industrial employments, it is necness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE of persons engaged in domestic service for wages, as should be taken to report specifically the occupations who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second statement. Never return "Laborer," "Foreman," Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industy; and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). Scrvant, Cook, Housemaid, etc. gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not mine, etc. (a) Spinner, For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative lealthful-Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the (b) Cotton mill; (a) Salcsman, If the occupation has As examples: -Coal (4)

Statement of cause of death—Name, first, the disease causing death—In affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cere-trospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid dimenmonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

mia," "PUERPEBAL peritonitis," etc. childbirth or miscarriage, as "Puerperal scptichac etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustion," cause of death approved by Committee on Nomenclasepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Polsoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. -Heart failure," "Haemorrhage," "Inanition," "Maran "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Measles (disease causing death), 29 ds.: affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis uant neoplasms); Measles; Whooping cough; Chronic ter" is less definite; avoid use of "Tumor" for mailg oma. Surcoma. etc., of . ture of the American Medical Association.) "Contributory." ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably Bronchopncumonia (secondary), 10 ds. Never report The contributory (secondary or intercurrent) Always qualify all diseases resulting from (Recommendations on statement of (name origin; "Can State cause for Examples: For vio-



V. S. No. 1.

se carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state so that it may be properly classified. Exact statement of OCCUPATION is very PERMANENT RECORD 4 UNFADING INK-THIS IS See instructions on back of certificate. WRITE PLAINLY, WITH N. B.—Every item of information should be CAUSE OF DEATH in plain terms. DEATH in plain terms. important.

PLACE OF DEATH 4045

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 20

St.;....Ward)

[if death occurred in a hospital or Institution, give its. NAME Instead

FULL NAME OMNIE SE	give its, NAME instea of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4 COLOR OR RACE 5 SINGLE, MARRIED. WIRDWED, ORDIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended deceased from
(Month) (Dsy) (Yesr)	that I last saw here alive on April 26th, 1914,
CCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of Industry, business, or establishment in which employed (or employer)	(Duration) yrs. mos. ds
State or country) O NAME OF FATHER Charles Terry 11 BIRTHPLACE OF FATHER (State or country) L Z MAIDEN NAME OF TARREST CHARLES TO THE CHAR	Contributory (Secondary) (Deration) yrs mos ds (Signed)
13 BIRTHPLACE OF MOTHER (State or country)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) At place In the of death yrs, mcs, ds, State yrs, mcs, ds. Where was disease contracted.
(Address)	if not at place of death? Former or USUAL residence. 19 PLACE OF BURIAL OR REMOVAL 20 UNDERTAKER ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Bako., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

Scrvant, Cook, Housemaid, etc. If the occupation has duties of the household only (not paid Housekcepers the nature of the business or industry, and therefore an cases, especially in industrial employments, it is necwho have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). For persons ness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter For many occupations a single word or term on the applies to each and every person, irrespective of age ness of various pursuits can be known. The question tion is very important, so that the relative Lealthful mine, etc. (a) Spinner, (b) Cotton mill; (a) Salesman, (d) Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return "Laborer," "Foreman,"

Statement of cause of death—Name, first, the disease causino death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lodar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

childbirth or miscarriage, as "Puerperal septicharmia," "Puerperal peritonitis," etc. State cause for cause of death approved by Committee on Nomencla by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Potsoned such, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJUBY and qualify as which surgical operation was undertaken. For vioetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. Never report affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic oma. Surcoma. etc., of .. ture of the American Medical Association.) "Contributory." injury, as fracture of skull, and consequences (e. g., Accidental drowning; Struck by railway train-accier" is less definite; avoid use of "Tumor" for mailg The contributory (secondary or intercurrent) tetanus) may be stated under the head Always qualify all diseases resulting from Measles (disease causing death), 29 "Senile," etc.), (Recommendations on statement of "Dropsy," "Exhaustion," ... (name origin; "Can Examples:



N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state GAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD MARGIN RESERVED FOR BINDING

PLACE OF DEATH 4046	STATE OF MARYLAND CERTIFICATE OF DEATH
County	Registration Dist. No. 204
Village or City Navelle (No,	St.; Ward) [If death occurred ie a hospital or institution, give its NAME instead of street and number.]
* FULL NAME Designation	Toupson.
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL GERTIFICATE OF DEATH
Mals 4 COLOR OR RACE SINGLE, MARRIED, WIDOWED, ORDIVORCEO (Write the word)	16 DATE OF DEATH (Month) (Day) (Year)
8 DATE OF BIRTH (Month) (Day) (Year)	that I last saw h 11 alive on 1914
7 AGE 11 LESS than 1 day,	and that death occurred on the date stated above, at
a) Trade, profession, er particular kind of work Larus Caborer	Tuhunny Tubucalow
(b) General nature of Industry, business, or establishmoot in which employed (or employer)	(Doration) yrs. mos. ds.
State or country)	Contributory (Secondary) (Deration) yrs mos ds.
10 NAME OF FATHER LEWIS Thorspoon	(Signed) saud Succeeding, M. D.
State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	BLENGTH OF RESIDENCE (FOR HOSPITALE, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place in the of death yrs mcs ds. Where was disease contracted,
(Interment) Minla Buttler	If not at place of death? Former or usual residence
(Address)	Harle Kent Lo Md. apl 10, 1914
Filed REGISTRAR	Chase Sodd Cheskstown
If more blanks are needed, address State Registra	r, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at heginning of ill-Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should he used only when needed. As examples: additional line is provided for the latter statement; the nature of the husiness or industry; and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many applies to each and every person, irrespective of age. ness of various pursuits can he known. The question tion is very important, so that the relative Lealthfulbeen changed or given up on account of the DISEASE Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. (a) Spinner, (b) Cotton mill; (a) Salesman, (b) essary to know (a) the kind of work and also (b) Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from husiness, that fact may he indi-Women at home, who are engaged in the

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing defection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, periionacum, etc.. Carcin-

childbirth or miscarriage, as "Purrerral scpticharetc., when a definite disease can be ascertained as the injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. State cause for mus," "Old Age," "Shock," "Uraemia," "Weakness, "Hart failure," "Haemorrhage," "Inanition," "Maras genital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As Bronchopncumonia (secondary), 10 ds. Never report ample: Mcastes (disease causing death), 29 ds. affection need not be stated unless important. valvular heart disease; Ohronic interstitial nephritis usat neoplasms); Measles; Whooping cough; Chroniu cer" is less definite; avoid use of "Tumor" for mailg oma. Surcoma. etc., of _ ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." dent; Revolver wound of head-homicide; Potsoned The contributory (secondary or intercurrent tetanus) may he stated under the head Always qualify all diseases resulting from (Recommendations on statement of (name origin: "Can Examples: For vio-



Village or City2FUL	loshestertour (no Turu L NAME Ira Hill	CERTIFICATE OF DEATH Registration Dist. No. 20 2 [It death occurred a hospital or institute give its NAME instout street and number
PERSON	IAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
OCCUPATION (a) Trade, profession, perticular kind of wor business, or establis	k // // // // // // // // // // // // //	The CAUSE OF DEATH* was as follows:
9 BIRTHPLACE (State or country)	NII m. I	Contributory Secondary (Signed) (Signed)
11 BIRTHPLA OF FATH (State or 12 MAIDEN I OF MOTI	NAME Aune M. Shars CE ER LOUIS ON MANUEL OF	*State the DISEASE CAUSING DEATH, or, in deaths from Vio CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidant, Suicidal, or Homicidal. 16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIT OR RECENT, RESIDENTS) At place in the of deethyrs,mosds. Stateyrs,mos
(State or 14 THE ABOVE IS (Informant) (Address)	0000179071	Where was disease contracted, It not at place of death? Former or ' usual residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 29 UNDERTAKER A ADDRESS

STATE OF MARYLAND

4047

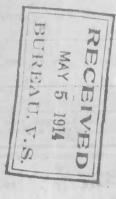
1 PLACE OF DEATH

[Approved by U. S. Census and American Public Health Association.]

cated thus: CAUSING DEATH, state ocenpation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the ocenpation has of persons engaged in domestie service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as dutles of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. additional line is provided for the latter statement; who have no oecupation whatever, write None, fication as Day laborer, Farm laborer, Laborer-Coal it should be used only when needed. the nature of the business or industry, and therefore an essary to know cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, c. g., Farmer or Planter, applies to caeh and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, (a) the kind of work and also (b) As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemie cerebrospinal meuingitis"); Diphtheria (avoid use of "Cronp";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia pneumonia," unqualified, is indefinite): Tuberculcsis of lungs, meninges, peritonacum, etc., Carcin-

ture of the American Medical Association.) "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. childbirth or misearriage as "Puerperal septichaecause. Always qualify all diseases resulting from etc., when a definite disease can be ascertaized as the "Heart fallnre," "Haemorrhage," "Inanition." "Marasgenital," "Senile," etc.), "Collapse," "Coma," "Couvulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal eonditions, such as "As affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origin; "Canby carbolic acid-probably suicide. The nature of the ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably Bronchopneumonia (seeondary), 10 ds. is less defiuite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) "Old Age," "Shoek," "Uraemia," "Weakness," Measles (disease eausing death), 29 ds.; may be stated under the head "Dropsy," "Exhaustion," State eause for Never report



UNFADING INK-THIS IS

WRITE PLAINLY, WITH

RECORD

PERMANENT

N.B.

PLACE OF DEATH

e carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state so that it may be properly classified. Exact statement of OGCUPATION is very Every item of information should be carefully su CAUSE OF DEATH in plain terms, so that it milmportant. See instructions on back of certificate. 4048 STATE OF MARYLAND CERTIFICATE OF DEATH

County	Registration Dist. No. 20/
Village or City Coleman (No. (No.)	St.; Ward) [It death occurred I a hospital or Institution give its KAME lostea of siree1 and oumber.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4 COLOR OR RACE MARRIED, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended deceased from
(Month) (Day) (Year)	that I last saw h in allve on 4 - 18 th 1914
7 AGE If LESS than 1 day,	and that death occurred on the date stated above, at m The CAUSE OF DEATH* was as follows:
(a) Trade, protession, or particular kind of work	(Duration) yrs. mos. ds.
OF FATHER (State or country) 10 NAME OF FATHER OF FATHER (State or country) 11 BIRTHPLACE OF FATHER (State or country)	(Signed)
of Mother Euma Collinaria 13 BIRTHPLACE OF MOTHER (State or country) Sent Co Wid	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death yrs, mos, ds.
(Informant) Waston H. F. S.	Where was disease contracted, If not at place of death? Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 19 DATE OF BURIAL 19 DATE OF BURIAL
Filed 4 - 20 1914 Silliam Furr. REGISTRAR Of all Registrar Of Borne blanks are needed, address State Begistrs	20 UNDERTAKER ADDRESS STANDARD

[Approved by U. S. Census and American Public Health Association.]

of persons engaged in domestic service for wages, as duties of the household only (not paid Housekcepers statement. cases, especially in industrial employments, it is necfirst line will be sufficient, e. g., Farmer or Planter, who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). For persons ness. If retired from business, that fact may be indl-CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise speci-It should be used only when needed. As examples:
(a) Spinner, (b) Cotton mill; (a) Salesman, (b)
Grocery; (a) Foreman, (b) Automobile factory. The additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the applies to each and every person, irrespective of age ness of various pursuits can be known. The question tion is very important, so that the relative lealthfulminc, etc. material worked on may form part of the second Statement of occupation-Precise statement of occupa Women at home, who are engaged in the Never return "Laborer," "Foreman,"

Statement of cause of death—Name, first, the DIBEASE CAUSING DEATH (the primary affection with respect to tilue and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cere-trospinal meningitis"); Diphihoria (avoid use of "Croup"); Typhoid fever (never report "Typhoid neumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tubercu-tosis of lungs, meninges, peritonaeum, etc.. Carcin-

such, if impossible to determine definitely. mia," "PUERPERAL peritonitis," childbirth or miscarriage, as "PUERPERAL scptichacmus," "Old Age," "Shock," "Uraemla," "Weakness," cause of death approved by Committee on Nomencia "Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Potsoned ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJURY and qualify as etc., when a definite disease can be ascertained as the "Hart failure," "Haemorrhage," "Inanition," "Marasgenltal," "Senlle," etc.), "Dropsy," thenla," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29 affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronical ture of the American Medical Association.) Accidental drowning; Struck by railway train-acciwhich surgical operation was undertaken. "Collapse." "Coma," "Convulsions," "Debility" ("Coner" is less definite; avoid use of "Tumer" for malig oma. Surcoma. etc., of . The contributory (secondary or Intercurrent) tetanus) may be stated under the head of Always qualify all diseases resulting from (Recommendations on statement of etc. State cause for (name origin; "Can "Exhanstion, Examples: For vio-



County Alas	STATE OF MARYLAND CERTIFICATE OF DEATH
Village or City Mo	Registration Dist. St.; Ward) [If death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male 4 COLOR OR RACE MARRIED, Married Widower, ORDIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended deceased from
B DATE OF BIRTH March 8" 1845	July 1 1913, to Mch 30 1914.
(Month) (Day) (Year) 7 AGE It LESS than 1 day,hrs. ORmin. ?	and that death occurred on the date stated above, atm, The CAUSE OF DEATH* was as follows:
(a) Trade, protession, or particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer)	Cordiae arhma (Duration) yrs. 9 mos. — ds.
9 BIRTHPLACE (State or country)	(Secondary) (Doration) (Doration) (Doration) (Doration)
10 NAME OF FATHER MO STOTAGE DEL S. 11 BIRTHPLACE OF FATHER (State or country) Ser many 12 MAIDEN NAME OF MOTHER MANY Avut (MOW.)	(Signed)
13 BIRTHPLACE OF MOTHER (State or country)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the ot death
(Informant) - Darah Jane Hordmen der	Where was disease contracted, It not at place of death? Former or usual residence.
(Address) Chilthettown H.A. #3 Filed Abr 36 , 191 4 (b) Gounslud REGISTRAR Of more blanks are needed, address State Registrar	20 UNDERTAKER CHETER TOUR DATE OF BURIAL DELLE BURIAL DATE OF BURIAL DELLE BURIAL DATE OF BURIAL DELLE BURIAL DATE OF BURIAL D

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekcepers minc, etc. fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Gracery: (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement the nature of the business or industry, and therefore ar essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative lealthful-For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," If the occupation has For persons

Statement of cause of death—Name, first, the disease causing death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lodar pneumonia; Bronehopneumonia ("Tneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, pertionaeum, etc.. Carcin-

cause of death approved by Committee on Nomencla sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. childbirth or miscarriage, as "PUERPERAL septichacetc., when a definite disease can be ascertained as the inus," "Old Age," "Shock," "Uraemia," "Weakness," "Hart failure," "Haemorrhage," "Inanition," "Maras "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29 affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic ter" is less definite; avoid use of "Tumor" for malig oma. Surcoma. etc., of ... ture of the American Medical Association.) "Contributory." ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile," etc.), "Dropsy," "Exhaustion, (Recommendations on statement of __ (name origin; "Can State cause for Examples:

